

A D A M S C O U N T Y, C O L O R A D O

ROBERT D. CONEY, DIRECTOR

DEPARTMENT OF PLANNING AND DEVELOPMENT
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COMMERCE CITY, COLORADO 80022-15352003 JUN 25 (303) 853-7000
FAX (303) 853-7015
www.co.adams.co.usEPA REGION 8
SUPERFUND BRANCH

June 24, 2003

Victor Ketellapper, Remedial Project Manager
Environmental Protection Agency, Region 8
999 18th Street, Suite 300
Denver, CO 80202-2466

Re: Vasquez Blvd/I70 Superfund Site Cleanup

Dear Mr. Ketellapper:

This Department has reviewed your undated letter faxed to us on June 19, 2003. Your letter requests a determination from us regarding necessary permits for placement of contaminate soils on the Asarco property, located at 495 East 51st Ave. The soils would come from the Elyria and Swansea neighborhoods in Denver.

Based upon the information included in your letter, it is this Department's determination a Certificate of Designation (CD) would be required to place contaminated soils onto the Asarco property.

Please find enclosed for your use a copy of an Adams County application for CDs and a copy of Adams County Zoning Regulations, sections pertaining to CDs.

Should you have any questions regarding our determination, please do not hesitate calling me at 303-853-7003.

Sincerely,

Craig Tessmer
Environmental Analystcc: County Administrator
Director, Planning and Development



Adams County, Colorado
Department of Planning and Development

**CERTIFICATE OF DESIGNATION
CHECKLIST**

Applicants must submit the following information with a Certificate of Designation application in order for the application to be considered eligible for review pursuant to Section 2-01-03 of the Adams County Zoning and Subdivision Regulations and Development Standards. If you have any questions regarding this application please contact the Department of Planning and Development at (303) 853-7000. A Conceptual Review Meeting with a Planning and Development Department staff member is highly recommended.

PROJECT/CASE NAME: _____

Item #	Submitted			Description
		County Use Only		
		Rejected	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Designation Checklist (this form)
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed Development Application (Submittal Item A)
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application fee for operations of less than 100,000 cubic yards per year: \$2,000 plus \$0.10 per cubic yard per year to a maximum fee of \$8,000. Amendment (significant): \$750, (non-significant): \$300.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application fee for operations greater than 100,000 cubic yards per year: \$4,000 plus \$0.10 per cubic yard per year to a maximum fee of \$15,000. Amendment (significant): \$2,000, (non-significant): \$300.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conceptual Review Meeting Summary Letter from Adams County, provided within seven (7) days of Conceptual Review Meeting. If a Conceptual Review Meeting was not attended, the Conceptual Review Meeting Waiver shall be attached (Submittal Item B)
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neighborhood Meeting Summary. This summary shall include an explanation of how any issue identified at the neighborhood meeting have been addressed and names and addresses of all participants/attendees.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Taxes Paid. No application will be processed if any taxes due are not paid.

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|-----|--------------------------|--------------------------|--------------------------|--|
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of ownership in the form of an owner's title policy dated within the last thirty (30) days. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Four (4) copies of proof of water and sewer service. If serviced by a public utility, a letter from that agency will suffice. If service by well and septic, a letter or permit from the Colorado Division of Water Resources (303-866-3581) for the well, and a letter or permit from Tri-County Health Department (303-220-9200) for a septic system are required. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Four (4) copies of soil and geologic reports. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Six (6) copies of preliminary drainage studies. Contact the Department of Public Works at (303) 287-5249 for questions concerning detail required. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Four (4) copies of proof of utility services. A letter of agreement between the applicant/owner and the utility serving the site must be submitted establishing that adequate provision for electric, or if applicable, natural gas service to the subject property has been made. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Four (4) copies of a certified boundary survey or Improvement Location Certificate (ILC) for the subject property. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forty (40) copies of a site plan showing all relevant details of the proposed development of change, including but not limited to: location of all buildings and structures, parking and loading areas, ingress and egress, waste disposal areas, landscaping (existing and proposed), screening (including fencing), lighting, signs, and other constructional features. These details must conform to the minimum requirements of the Zone District and Performance Standards for the proposed use, unless a variance is granted. If the application is continued, additional copies may need to be submitted. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forty (40) copies of the written explanation of the request and a general overview of the project. The explanation shall include written statements regarding each of the criteria for approval outlined in the regulations. (Submittal Item C) |

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|-----|--------------------------|--------------------------|--------------------------|--|
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A complete application for rezoning if the proposed uses in the Conditional Use Permit application are not consistent with the underlying Zone District. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written concurrence from the Colorado Department of Public Health and Environment for the use of a Certificate of Designation for the site. |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traffic impact analysis in accordance with Section 8-02 of the Development Regulations. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Purpose of fill, estimated life of the operation, and proposed after-use for the site. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Design and operation plan including all elements outlined in Submittal Item E. |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Applicant feedback survey form (Submittal Item D) |

SUBMITTAL ITEM A
DEVELOPMENT APPLICATION

PROJECT/CASE NAME: _____

APPLICANT

Name(s): _____

Address: _____

Phone Number: _____

2nd Phone Number: (Fax, cell, etc. please specify): _____

E-Mail: _____

OWNER (If not the applicant)

Name(s): _____

Address: _____

Phone Number: _____

2nd Phone Number: (Fax, cell, etc. please specify): _____

E-Mail: _____

TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)

Name(s): _____

Address: _____

Phone Number: _____

2nd Phone Number: (Fax, cell, etc. please specify): _____

E-Mail: _____

ADDITIONAL TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)

Name(s): _____

Address: _____

Phone Number: _____

2nd Phone Number: (Fax, cell, etc. please specify): _____

E-Mail: _____

DESCRIPTION OF SITE

Address: _____

Area (in either acres or square feet if less than 1 acre): _____

Tax Assessor Parcel Number (TAPN): _____

Existing Zoning: _____

Existing Land Use: _____

Proposed Land Use: _____

Water Service (Public or Private, if public list District): _____

Sewer Service (Public or Private, if public list District): _____

I hereby certify that I am making this application as owner of the above described property, or acting under the authority of the owner (attached authorization, if not owner). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name (Printed): _____

Date: _____

Name (Signature): _____

SUBMITTAL ITEM B
CONCEPTUAL REVIEW MEETING WAIVER

**ASSURANCE OF UNDERSTANDING OF REQUIREMENTS, POLICIES AND
PROCEDURES OF ADAMS COUNTY**

Adams County strongly encourages a conceptual review meeting with staff prior to submittal of a land use change or subdivision request in order to describe requirements and policies of the County and to allow an opportunity to fully discuss and answer questions regarding an applicant's proposal. It is also encouraged that interested parties such as property owners, lessees or potential lessees attend such a conference. We realize that the best business decisions are those that are based on the most prior knowledge and we desire to minimize uncertainty or misunderstanding that relates to the requirements of the County.

However, should the applicant and other interested parties be unable, or not wish, to participate in the conceptual review meeting process we will consider that it is the responsibility of the applicant to be aware of the policies, procedures, and requirements of the County through other means. We request that you sign this form, acknowledging that you possess the required information and understanding to proceed with the review of your application and that you will inform all interested parties of those requirements.

"I (____ have attended) (____ choose not to attend) a conceptual review meeting with Planning and Development staff. Based on the information provided, or otherwise obtained. I am familiar with and understand all the requirements of the Adams County Zoning and Subdivision Regulations and Engineering Standards as well as the provisions of the Adams County Comprehensive Plan that apply to my application. I have or will advise all affected parties regarding this request, including but not limited to property owners, lessees, and potential lessees of the site, of these requirements."

Signature of Applicant

SUBMITTAL ITEM C

EXPLANATION

The Certificate of Designation (non-hazardous material facility) meets the criteria for approval as follows (may be typed on a different sheet):

1. The proposed use is an acceptable use in the applicable zone district.
2. The certificate of designation is consistent with the purposes of these standards and regulations and meets the intent of the Adams County Comprehensive Plan.
3. The certificate of designation will comply with the requirements of these standards and regulations including, but not limited to, all applicable performance standards.
4. The certificate of designation is compatible with the surrounding area, harmonious with the character of the neighborhood, not detrimental to the immediate area, not detrimental to the future development of the area, and not detrimental to the health, safety, or welfare of the inhabitants of the area and the County. In making this determination, the Planning Commission and the Board of County Commissioners shall find, at a minimum, that the certificate of designation will not result in excessive traffic generation, noise, vibration, dust, glare, heat, smoke, fumes, gas, odors, or inappropriate hours of operation.
5. The certificate of designation has addressed all off-site impacts.
6. The site is suitable for the certificate of designation, including adequate usable space, adequate access, and absence of environmental constraints.
7. There is a need for the facility in the County.
8. The applicant has documented his ability to comply with the health standards and operating procedures as provided by the Colorado Department of Health, the Tri-County Health Department, and other relevant agencies.
9. The site is accessible to Adams County residents and other potential users.
10. The proposed facility will comply with all applicable laws and regulations relating to air pollution, water pollution, and noise. When standards do not exist for regulating emissions from a particular type of facility, the County will consider whether the facility may impact health and welfare of the community based upon specific facility design and operating procedures.
11. The site conforms to siting standards for the type of facility being proposed.

SUBMITTAL ITEM D



PLANNING AND DEVELOPMENT APPLICANT FEEDBACK SURVEY

Please take a few moments and fill out this form on the level of assistance you received.

Your response to this survey will help us to increase the level of assistance we provide to applicants for development.

Our mission is to provide applicants with all the information at our disposal so they can use it to make informed business decisions on development projects as well as assisting them in solving problems in order for them to help the County develop in a positive manner. We realize we will not always completely agree and there will be cases where we fundamentally disagree, however, we would request a report from you.

Please fill in the type of inquiry:

- ☐ Telephone Inquiry
- ☐ Counter Inquiry
- ☐ Land Use Case Applicant
- ☐ Other

1. Do you feel you received all the information we can provide to help you make an informed business decision on your development application?

Strongly Agree ☐ Agree ☐ Neither Agree or Disagree ☐ Disagree ☐ Strongly Disagree ☐

2. Was your treatment by the staff courteous and businesslike?

Strongly Agree ☐ Agree ☐ Neither Agree or Disagree ☐ Disagree ☐ Strongly Disagree ☐

3. If you needed help coordinating your project with other agencies, did you get it?

Strongly Agree ☐ Agree ☐ Neither Agree or Disagree ☐ Disagree ☐ Strongly Disagree ☐

4. If we disagreed with your plans, do you feel:

a. the reasons(s) were fully explained?

Strongly Agree ☐ Agree ☐ Neither Agree or Disagree ☐ Disagree ☐ Strongly Disagree ☐

b. the reasons(s) were based on County development codes and policies?

Strongly Agree ☐ Agree ☐ Neither Agree or Disagree ☐ Disagree ☐ Strongly Disagree ☐

c. we made suggestions on how to improve the plans or make them consistent with County development regulations and policies?

Strongly Agree ☐ Agree ☐ Neither Agree or Disagree ☐ Disagree ☐ Strongly Disagree ☐

Please explain if you answered Disagree or Strongly Disagree to any of the above questions?

What are we doing right? Do you have any suggestions you can make to help us improve our level of service?

May the Director contact you to discuss any problems noted? Yes ☐ No ☐

Contact Name:

Telephone No.:

E-mail Address:

SUBMITTAL ITEM E

DESIGN AND OPERATION PLAN SUBMITTAL REQUIREMENTS

1. Name, address and phone number of each responsible party;
2. Financial assurance;
3. Site description including the following;
 - a. Vicinity map;
 - b. Detailed map of site;
 - c. Legal description;
 - d. Geology; and
 - e. Hydrology including ground water level, gradient, quality, wells within 1,000 feet of the boundaries of the fill, and surface water- ponds, streams, etc., on or within 1,000 feet of the site.
4. Fill material including description and source; and
5. Operations including the following;
 - a. Security;
 - b. Access, hours of operation, personnel, fees;
 - c. Location of fill on site;
 - d. Placement of fill;
 - e. Amount of fill including daily volumes and total volume;
 - f. Time span of operation;
 - g. Inspection, control of fill material, and records;
 - h. Control plan to mitigate nuisance conditions including dust, litter, and noise;
 - i. Locations, quantities, and heights of any stockpiled materials;
 - j. Runon/runoff control;
 - k. Closure plan including the following;
 - i. notification;
 - ii. final fill level;
 - iii. cover materials including source, specification, and compaction;
 - iv. revegetation and reclamation;
 - v. final grades and contours; and
 - vi. notation of title;
 - l. Post-closure monitoring and maintenance including a responsible party and maintenance plan; and
 - m. MLRB Permit (if applicable) including number, special conditions and requirements, and expiration date.